Bullet Wound of the Frontal Sinus and Brain.—Mackenzie (*Pennsylvania Med. Jour.*, April, 1914) reports a case of a male, aged forty-seven years, who was shot in the middle of the forehead at close range with a 32-caliber revolver. Skiagraphy showed the bullet located in the head about one and one-quarter inches deep, while the inner wall of the sinus was splintered and depressed. The bullet was removed by operation and the inner wall of the frontal sinus was found to be fractured with the splinters presenting inward toward the brain. Two half-inch long spicules of bone had penetrated the dura and were buried about half an inch in the brain substance. These fragments were removed and the patient made an uneventful recovery.

Intermittentl Claudication of the Larynx.—Garel (*Ann. des. mal. de l'oreille, du lar., du nez et du phar.*, No. 6, 1914) reports a case of intermittent aphonia in a clerical patient, aged forty-eight years, who was at the same time a subject of claudication of the right leg. At an earlier stage of his infirmity the intermittent aphonia ensuing upon speaking did not occur during singing, but should he sing false or below the tone necessary to retain his vocal powers, he would soon be taken with a constriction of the throat followed by an aphonia of long duration. Similarly, aphonia brusquely ensued should he address a reprimand to a scholar. Within two months a new fatigue of eyesight had supervened, making it at times difficult to read or write even large characters such as are used for illustration. The writer calls attention to the analogy with the syndromes of bulbospinal myasthenia as recognized by other observers mentioned.

Radical Treatment of Stenosis of the Larynx Due to Permanent Median Position of the Vocal Cords.—Citelli, in an elaborate paper (*Ann. des mal. de l'oreille, du lar., du nez et du phar.*, June, 1914), defends his method of cordectomy by external access as preferable to all others suggested, and cites cases and authorities in evidence.

Excision of the Vocal Cord for Recurrent Laryngeal Paralysis.—Voislawsky (*Pennsylvania Med. Jour.*, November, 1914) reports a case of bilateral paralysis following an operation for goitre. After various other unsuccessful efforts, the larynx was cocainized and a Jackson bronchoscope introduced and the left vocal cord excised with a Cordes punch. For several days subsequently the patient was intubated, and he was discharged from the hospital after the wound had healed. Breathing was made easier, there was improvement in talking and the crowing was replaced by an ordinary snore. At the time of the report a white band of scar tissue replaced the excised left vocal cord and this band approximated with the right vocal cord on phonation.

Bronchopneumonic Complications After Pharyngotomies, Thyrotomies and Laryngectomies.—Castex (*Ann. des mal. de l'oreille, du lar., du nez et du phar.*, June, 1914) sums up the complications of four fatal observations as due to reflex pulmonic congestion toward the second day, rapid septic pneumonia from the fourth to the eighth day, pneumonia from chill, and slow bronchopulmonic infection which drags along for from three to five weeks. These complications are especially liable to occur in alcoholic subjects. For prevention of such sequels the following technique is advised: (1) Antiseptic sprayings during three days previous to the operation; (2) putting the teeth into good condition; (3) no general anesthesia with chloroform; (4) local anesthesia; novocaine for the exterior, and cocaine for the interior; (5) operation in two sittings for laryngectomies, with attachment of the trachea to the skin; (6) a little delay after opening the trachea, in holding it open to permit the patient to expel the blood which has entered the respiratory passages, and if this be not sufficient, insufflation of air through a soft cannula; (7) no cannula to be allowed in the trachea if possible to avoid it; (8) an esophageal tube to be allowed to remain in position for eighteen days; (9) suturing of bleeding surfaces as much as possible; (10) touching with tincture of iodine the raw surfaces not coaptible; (11) dressing and draining with aseptic gauze and frequent change of the dressing; (12) seating the patient in bed and allowing him to get up when it seems reasonable.

PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

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Experimental Arterial Lesions and Cholesterin Steatosis.—A considerable work has been done in an attempt to produce arterial lesions in animals comparable to the spontaneous diseases of man. Periodically the methods to obtain these results have changed and with each new series of experiments much hope has been expressed that the human disease could be reproduced. Pressure producing drugs (adrenalin, digitalin, barium chloride, nicotin), infectious agents (B. typhosus, Staphylococcus aureus, streptococcus), organic and inorganic intoxications and mechanical alterations of the blood stream have each had their turn in occupying the interest of those studying the diseases of the arteries. More recently MANOUELIAN (*Ann. de l'Institut Pasteur*, 1913, xxvii, 7), and others, TODD (*Lancet*, 1913, May 17) have again suggested the possible influence of the sympathetic nervous system in having much to do with the arteriosclerotic process. However, a more interesting series of experiments in which positive results were not difficult to obtain in experimental animals, have been developed by the Russian school of workers. As the method consists in feeding animals with unusual diets the resulting processes in the arterial walls are spoken of as a "dietary arteriosclerosis." The lesions thus obtained